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Modified PTO/SB/21 (08-00)
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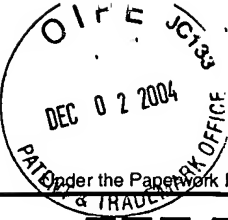
| | | |
|---|-----------------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/808,688 |
| | Filing Date | March 25, 2004 |
| | First Named Inventor | Yuichi GOMI |
| | Group Art Unit | Not yet assigned |
| | Examiner Name | Not yet assigned |
| Total Number of Pages in This Submission | | Attorney Docket Number OOCL-154 (6HS-04S0274) |

| ENCLOSURES (check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): English language translation of the application as filed and a statement that the translation is accurate. |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|------------------------------------|
| Firm or Individual name | John C. Pokotylo (Reg. No. 36,242) |
| Signature | |
| Date | November 29, 2004 |

| CERTIFICATE OF MAILING | |
|---|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: November 29, 2004 | |
| Typed or printed name | John C. Pokotylo |
| Signature | Date November 29, 2004 |

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| <h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 01/01/2003. Patent fees are subject to annual revision.</i></p> | | Complete if Known | |
| | | Application Number | 10/808,688 |
| | | Filing Date | March 25, 2004 |
| | | First Named Inventor | Yuichi GOMI |
| | | Examiner Name | Not yet assigned |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | Not yet assigned |
| TOTAL AMOUNT OF PAYMENT (\$) | | Attorney Docket No. | OOCL-154 (6HS-04S0274) |
| | | | |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|----------------------------|-----------------|----------|----------|-----------|------------------------|-------|----------|----------|-----------------------------------|-------|----------|----------|---------------------------------------|--|----------|----------|---|--|----------|---------|---|--|---------------------|--|--|-------------------|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1049 Deposit Account Name: Straub & Pokotylo | | Large Entity Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge any underpayment of fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) due in connection with the filing submitted herewith <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 790</td><td>2001 395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 350</td><td>2002 175</td><td>Design filing fee</td><td></td></tr><tr><td>1003 550</td><td>2003 275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 790</td><td>2004 395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$) 00.00</td></tr></tbody></table> | | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1001 790 | 2001 395 | Utility filing fee | | 1002 350 | 2002 175 | Design filing fee | | 1003 550 | 2003 275 | Plant filing fee | | 1004 790 | 2004 395 | Reissue filing fee | | 1005 160 | 2005 80 | Provisional filing fee | | SUBTOTAL (1) | | | (\$) 00.00 | | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 790 | 2001 395 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 350 | 2002 175 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 550 | 2003 275 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 790 | 2004 395 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 160 | 2005 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | (\$) 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>17</td><td>-20** = 0</td><td>X 18.00 =</td><td>00.00</td></tr><tr><td>7</td><td>-6** = 1</td><td>X 88.00 =</td><td>88.00</td></tr><tr><td colspan="3"></td><td></td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | 17 | -20** = 0 | X 18.00 = | 00.00 | 7 | -6** = 1 | X 88.00 = | 88.00 | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | -20** = 0 | X 18.00 = | 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201 88</td><td>2201 44</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203 300</td><td>2203 150</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204 88</td><td>2204 44</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>(\$) 88.00</td></tr></tbody></table> | | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 1202 18 | 2202 9 | Claims in excess of 20 | | 1201 88 | 2201 44 | Independent claims in excess of 3 | | 1203 300 | 2203 150 | Multiple dependent claim, if not paid | | 1204 88 | 2204 44 | **Reissue independent claims over original patent | | 1205 18 | 2205 9 | **Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) | | | (\$) 88.00 | | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 18 | 2202 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 88 | 2201 44 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 300 | 2203 150 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 88 | 2204 44 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 18 | 2205 9 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | (\$) 88.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | | (\$) 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | (Complete if applicable) | |
| Name (Print/Type) | John C. Pokotylo | Registration No. (Attorney/Agent) | 36,242 |
| Signature | | Telephone | (732) 542-9070 |
| | | Date | November 29, 2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231.



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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/808,688 | 03/25/2004 | Yuichi Gomi | OOCL-154 (6HS-04S0274) |

26479
 STRAUB & POKOTYLO
 620 TINTON AVENUE
 BLDG. B, 2ND FLOOR
 TINTON FALLS, NJ 07724



CONFIRMATION NO. 6066

FORMALITIES LETTER



OC000000013926551

Date Mailed: 09/28/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The application was filed in a language other than English. Applicant is required to provide an English translation of the specification and a statement that the translation is accurate. (See 37 CFR 1.52(d)).
- Because your specification was filed in a language other than English, the Office was unable to determine the number of claims submitted. Additional claim fees may be due once the number of claims can be determined.

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - The drawing figures contain text that is not in English (including, for example, a flow chart that was originally not in English that has been marked up to include the English text) (see 37 CFR 1.84(p)(2) and 37 CFR 1.52(d)(1)). See Figure(s) 1-4, 7-10.

Replies should be mailed to: Mail Stop Missing Parts
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12/03/2004 MBERHE 00000047 10808688

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